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INTER-AMERICAN COOPERATION IN HEALTH WORK

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Washington, D. C.

There is a phase of inter-American cooperation which presents a particularly striking contrast with the aggressions of militaristic powers. A high order of cooperation has been achieved among the American republics in the interest of building a peaceful and better civilization in the New World and protecting this hemisphere against the designs of would-be world conquerors. Inter-American cooperation has progressed to new heights of achievement in the past eighteen months. Notably it has moved forward in the field of health and sanitation.

The health and sanitation work has evolved from the conference of American foreign ministers held at Rio de Janeiro soon after Pearl Harbor. That conference, as you may recall, adopted a large program to strengthen the defenses of the hemisphere and to mobilize the economic resources of the Americas. To support this mobilization, the conference recommended cooperative health and sanitation measures to be undertaken by the American republics within their individual capacities to contribute funds, technical skill, materials and labor. In accordance with the Rio recommendations, the United States has entered into health and sanitation agreements with fifteen of the other American republics. This work rests on the firm foundations laid through many years of health progress by the other American republics, by private organizations and by the Pan American Sanitary Bureau. The pioneering and established organizations are aiding in generous measure the supplemental program which was made necessary by the scale of wartime projects for

defense and for mobilization of hemisphere resources.

This supplementary program has taken form in wartime. It has its origin in wartime necessity. This necessity in part is the imperative need for developing new and additional hemisphere resources of minerals, fibers and other tropical-grown materials. These are required partly to offset loss of supplies from outside the Western Hemisphere. This humane work in the field of health and sanitation is symbolic of the friendly relations of the American republics, of their sincere urge to cooperate and to work closely together toward the goal of making life in the Americas better for the average human being. The hospital built through inter-American cooperation might well symbolize the constructive objectives of the inter-American system. It is a symbol which speaks for the saving of human lives. The cannon, the symbol of military aggression, stands for destruction of human life.

The doctors, nurses, sanitary engineers and others at work in the inter-American health and sanitation program are legions of peace. They are carrying into action the Good Neighbor spirit which animates inter-American relations. The program embraces hundreds of construction projects and health activities. These include many new hospitals, health centers, dispensaries, nursing schools, sanitation works and training projects. These add up to the largest health and sanitation program yet undertaken on the basis of inter-American cooperation. The nursing schools, hospitals and health centers will remain after the war as monuments to the peaceful and the humane goals of inter-American cooperation.

Long ago, through such institutions as the Pan American Sanitary Bureau, improvement in hemisphere health standards was recognized as one of the major objectives of inter-American cooperation. Now the need

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for inter-American collaboration in this work is more compelling than ever. War, even while it results in wholesale destruction of life, generates counter-measures to protect life. We have our soldiers of production on the home fronts as well as soldiers on the overseas battle fronts. And, for the safeguarding of the Americas, it is just as necessary to have healthy soldiers on the production fronts as on the military fronts. One aim of the health and sanitation program is to help protect our soldiers of production while, at the same time, continuing to move toward the long-range of goal of higher living standards of the peoples of the Americas.

The benefits of the inter-American health and sanitation program will be available to millions of people in the other American republics. These people include workers in the Amazon forests and in the jungles of Central America; miners in the mineral-producing countries of the hemisphere; highway workers in Central America; workers on fiber and quinine plantations; workers on strategic defense bases. These workers in strategic projects receive immediate and direct benefits from the scores of hospitals, health centers, sewage and water supply and other projects completed or underway.

But the indirect benefits extend much further. Let me digress to explain why. Most of Middle and South America lie in tropical and semi-tropical climate. These tropical areas include the immense Amazon basin, an area almost as large as the United States. In the tropical climates, with their heat, humidity and primitive jungles, disease always has been a primary problem, whether in economic development or in defense strategy. In tropical areas, the malaria-carrying mosquito is the deadliest foe of man. Malaria has taken countless lives in the tropics—and still takes a heavy toll. On Bataan Peninsula, in the Philippines, malaria did more than Japanese bullets to weaken our brave fighting men.

In the tropical Americas, as at Bataan, malaria saps the strength of men and kills many of those who become infected. Industrial enterprise in the tropics, therefore, first must reckon with health and sanitation measures to protect those who must work in humid

and hot climates within reach of the malarial mosquito. This is the background of much of the health and sanitation work now being carried out on the basis of the Rio de Janeiro recommendations.

The tropical Americas hold some of the richest natural resources on earth, including supplies of rubber, fibers and other strategic materials formerly imported mainly from the tropical areas of the Far East. It was inevitable that wartime mobilization of hemisphere resources would center in large part within malaria-infested regions, such as the Amazon basin. So, in these tropical climates, the chief work is the malaria control. This work involves drainage operations for elimination of mosquito breeding places, spraying and oiling of stagnant pools, building of hospitals and health centers to care for the sick, distribution of anti-malarial drugs. All who came within radius of this work benefit from it, whether it be a rubber tapper or an inhabitant of a malaria-harassed community engaged in some other occupation. The mosquito makes no distinction between a rubber tapper and a citizen in some other line of work. In the tropics, where malaria abounds, everybody lives under the threat of infection. Thus, while tying directly into the development of economic resources, the malaria control projects spread their benefits far and wide.

This is characteristic of public health work. No favorite group of special privilege reaps the reward of public endeavor in this field. Poor or rich, all stand to benefit from improvement of public health conditions, whether it be control of malaria or the improvement of water supply. The airplane, the railway, the modern highway have increased the dangers of swift spread of disease, once it starts on an epidemic course. This is true of malaria as of other diseases.

So the Good Neighbor spirit finds eloquent expression in such work as the campaign against malaria now being waged in the Amazon countries, Central America, Haiti. Along the Amazon River and its tributaries, there is being established a chain of hospitals, health centers and floating dispensaries. This chain of malaria control posts runs for more than 2,000 miles from Belem, near the mouth of

the Amazon, far inland to the headwaters of the Amazon in Bolivia, Peru, Ecuador, Colombia. A unique fleet of floating dispensaries is in operation and is being expanded. These are motor launches, equipped with medical supplies and doctors, to reach remote sections of the Amazon country, far away from the few centers of population.

The work in Brazil affords a good illustration of the cooperative aspects of the inter-American program. Brazil has set up a special agency known as the *Servicio Especial de Saude Publica*. This agency is a channel for cooperation with the Institute of Inter-American Affairs, an agency of the Office of Inter-American Affairs. Assigned to Brazil by the Institute are forty United States doctors, sanitation engineers and other specialists. Brazilian specialists and technicians number more than four hundred, in addition to 2,500 other employees. Brazil contributes funds, along with materials, labor, equipment. Altogether these contributions make a cooperative undertaking on truly inter-American lines.

This is pretty much the pattern of the work in other countries. In Spanish-speaking countries, most of the republics participating in the program have organized similar agencies known as a "*Servicio Cooperativo Interamericano de Salud Publica*." Where they are able financially, the participating countries contribute funds to supplement contributions of the United States. Their contributions also include supplies, land, labor. On the whole, this health program may justifiably be described as one of the highest expressions of inter-American cooperation, on a foundation of peaceful, friendly relations.

The results of this cooperation will endure long after the war. For instance, extensive training of doctors, engineers, professional and practical workers, nurses and sanitary inspectors is part of the work. These professional and technical workers are being prepared to take their places in the hospitals and the clinics rising in Central and South America. They will join the ranks of the hemisphere's growing forces of public health workers. The knowledge and the skill they acquire will be useful for many years to come. This training work will extend and strength-

en public health traditions in the other Americas. It will contribute to the elevation of health standards. The increasing body of trained public health workers is just as important as the construction of hospitals and health centers and modern sewage and water supply systems. The training projects are of two types. Under one method, physicians, nurses and engineers receive travel grants for training and observation in the United States or Latin American countries. Under the second method, training courses are given locally by the "*Servicio*" staffs in collaboration with local health departments or hospital staffs.

Training of additional nurses is one of the most urgent aspects of the main program. This work includes the establishment of nursing schools, reorganization of existing nursing schools, provision of advanced and brush-up courses for practicing nurses. In various countries cooperating in the program, girl students are starting courses patterned after those of the leading nursing schools of the United States. The United States Public Health Service and the Pan American Sanitary Bureau are aiding in supplying teacher-nurses and helping to lay out courses of instruction. The project for bringing to the United States two Sisters from each of the other American republics for training under the auspices of the Catholic Association of Hospitals is part of the training activity.

Thus a broad program is under way to raise health standards in the other American republics. What this may mean for the future of the American peoples, especially in the tropics, is clear to anyone who has studied the basic importance of health work in these countries. Quite properly our sister republics to the south look to the United States for aid in this work. If we are to have genuine Good Neighbor relations as a basis for progress in the Western Hemisphere, it must proceed in an atmosphere of mutual aid. Mutual aid is the motivation of the inter-American health and sanitation program. The United States, in the spirit of mutual aid, contributes out of its great resources of medical knowledge and supplies to the advancement of hemisphere health standards.

I think I can best illustrate what mutual

aid means in human terms by telling you the story of a how inter-American cooperation functioned in checking a severe epidemic of malaria among the Indians of Colombia's Guajira peninsula. The malaria epidemic threatened a large part of the population, numbering more than 40,000. The Guajira peninsula juts into the Caribbean. Malaria usually is prevalent in varying degrees. Late in 1942, however, it increased to the proportions of a very severe epidemic. Drought during the years 1939-41 had forced a migration of population to wetter sections where malaria existed. Last year, with the arrival of heavy rains, a return flow of population set in. The returning migrants brought with them many cases of malaria. So malaria increased until about 80 per cent of the inhabitants of the southern part of the peninsula were affected, with a mortality rate of 10 per cent.

Fortunately, it was possible through inter-American cooperation to take swift action. Colombia's Servicio Cooperativo Interamericano de Salud Publica, set up as a medium of cooperation in the inter-American health program, organized an emergency expedition. The expedition consisted of three doctors, a laboratory technician and two sanitary inspectors, directed by Dr. Alfredo Landinez, an eminent Colombian physician. The expedition carried diagnostic equipment, anti-malarial drugs and materials to control mosquito breeding. The Colombian ministry of war provided airplanes to move men and supplies to Uribia, center of the affected area. The United States military attache at Bogota managed to get a "jeep" for the expedition. The United States naval attache provided air transportation for Dr. John Bugher of the Rockefeller Foundation, and for members of Dr. Landinez' party. Atabrine was sent to the Indians in large quantities.

By latest accounts, these measures have been successful. The epidemic has been checked. The groundwork has been laid for prevention of another epidemic. Many lives have been saved.

This is only one incident in the inter-American battle against disease which is now being waged on many fronts. Besides malaria, the work includes campaigns against tuber-

culosis, typhus and other diseases. Anti-typhus vaccine is being sent by air transport into the Bolivian Altiplano to control typhus in the tin mining areas. The Institute of Inter-American Affairs is shipping 100 bottles of the vaccine weekly, enough to vaccinate 1,000 persons. Special disease problems are being tackled as part of the main program. This is illustrated in an effort to control onchocerciasis in Guatemala and southern Mexico. This is a worm disease which causes blindness. It is estimated 40,000 persons suffer from the disease in Guatemala. The Institute of Inter-American Affairs has allotted \$100,000 to the Pan American Sanitary Bureau to further the work these countries are doing in controlling this disease.

The health and sanitation work is backed up by a food program, undertaken by the Institute of Inter-American Affairs in cooperation with other American republics. Disease and hunger are twin problems in many places. Better food supply is as essential as hospitals and drugs in protecting the workers in the Amazon valley, for example. To become healthy, energetic soldiers of production, the workers in our sister republics producing strategic materials must have proper food. Food, consequently, has been linked with health to make what is known as the "Basic Economy" Division of the Coordinator's Office. The same cooperative pattern which runs through the health and sanitation work applies to food projects in areas which need increased local production of food, either because they have lost outside supply sources or have increasing need of food in defense and strategic production projects. Like the health and sanitation work, the food program promises to bring lasting benefits in the improvement of living standards in the Americas.

Health and food are the elemental human needs. They are just as elemental in peacetime as in war. The battle against disease and hunger is never-ending. Freedom from disease, freedom from want, are worthy goals of inter-American cooperation, now and for the long pull. When the war ends, doubtless much of the apparatus for arms production and military organization will be dismantled. But the apparatus of the inter-American

(Concluded on Page 177)

Editorial

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VOL. 15 SEPTEMBER, 1943 No. 9

THE ANNUAL SESSION

The Annual Session of the Medical Society of Delaware will be held at the Delaware Academy of Medicine, Wilmington, October 12 and 13, 1943. The skeleton program has been set up tentatively as follows:

Tuesday, October 12th

2:00 P. M.—General Meeting
5:30 P. M.—Adjournment
7:00 P. M.—Supper
8:00 P. M.—House of Delegates

Wednesday, October 13th

9:30 A. M.—General Meeting
12:30 P. M.—Adjournment
1:00 P. M.—Luncheon

2:00 P. M.—General Meeting

5:30 P. M.—Adjournment

The officers have experienced considerable difficulty in securing capable and interesting speakers. Almost everybody is over-worked and it is really imposing on good nature to ask the hurried and harried doctors to prepare papers for us and then donate the time necessary to come here and read them. The speakers so far scheduled are all good ones and the program as now outlined is one of the best in recent years. While the day and hour remains to be set for the papers, the following essayists have accepted invitations: Drs. Wayne W. Babcock, Maj. Snedeker, Col. J. B. Brown, Lemuel H. Magee, Capt. L. C. LeSieur, John H. Foulger, Edgar E. Evans, Anthony M. Sindoni, Jr., Charles H. Dunn, William P. Belk, and William Erb.

The subjects of these papers covers a wide range, and while war medicine is appropriately given a major share of time, the program also includes much of interest and instruction to the doctor who remains on the home front.

We earnestly urge our members to show their appreciation of the speakers by attending the meetings.

ARE WE SUFFICIENTLY WAR CONSCIOUS?

On September 18th we attended a baseball game at Wilmington Park. The evening was quite cool and the breezes later became too chilly, but we went anyhow—our civic duty, you know. Putting the gas buggy in the stable we walked, over a mile, to the ball park, only to find 250-300 autos parked there.

Now this may be all right, after all! Who are we to judge our fellow-man? Yet, with a boy in the Army, we couldn't help feeling that this war has not yet come home to too many of our citizens. We agree with those who maintain that our whole gas and rubber program has been bungled, but two wrongs never made a right. Anyhow, *we* walked!

REPORTS OF OFFICERS AND COMMITTEES

1—Report of the President

The stress of war conditions has curtailed the activities of your President this year. There were no special meetings of the Society or of the House of Delegates. Routine administration matters were handled as they arose, with the assistance of the other officers and of the committees.

The program for this Session is as large and varied as the shortage of available speakers would permit.

I wish to thank the Society again for the honor of being its President this year.

Respectfully submitted,

LAWRENCE J. JONES, *President*

2—Report of the Secretary

Your Secretary's work has been mainly correspondence. We who are in practice are all too busy to devote the time and thought to our Society that we should like to devote.

In arranging a program this year unusual difficulties were encountered, as might be expected. While considerably more abbreviated than we wish, it is never-the-less a good one and one which we believe our members will find pleasurable and profitable.

Respectfully submitted,

W. O. LAMOTTE, *Secretary*

3—Report of the Treasurer

GENERAL FUND

September 17, 1942—Balance forwarded \$1385.55

Receipts

Dues, New Castle County (136) ..\$810.00
Dues, Kent County (15) 90.00
Dues, Sussex County (25) 150.00
Dividends, Bank Stock 84.00

Total 1134.00

Total \$2519.55

Disbursements

A. M. A. Directory\$ 15.00
Annual Session 157.00
Secretary's Expenses 42.23
Flowers 20.00
Printing 2.75
N. C. C. Med. Soc. (Return
of dues to members in
in Armed forces) 312.00
Delegate to A. M. A. 83.20
Legislative Rep. 500.00

Total \$1132.18

August 1, Total \$1387.37

DEFENSE FUND

September 17, 1942—Balance on hand \$5325.59

Receipts

Interest on deposits\$159.75

Total \$5485.34

Disbursements

United States War Savings Bonds \$2220.00
August 1, 1943—Balance on hand (Cash) \$3265.34

Respectfully submitted,

A. LEON HECK, *Treasurer*

4—Report of the Councilors

No special business having been presented to the Council this year we have no report to make.

Respectfully submitted,

HOWARD E. LECATES, *Councilor*

5—Report of the Committee on Scientific Work

Most of the states are having their meetings, in spite of the present handicaps. Your officers decided to do the same. The program speaks for itself. We hope thereby also to have good material for THE JOURNAL.

Respectfully submitted,

W. O. LAMOTTE, *Chairman*

6—Report of the Committee on Public Policy and Legislation

The usual duties of the Legislative Committee, representing the Medical Society of Delaware, are two-fold: (1) to see that proper legislation is presented to the General Assembly which will be a benefit and a protection to the physicians of Delaware; and (2) it is also just as important to see that improper and harmful bills are not enacted by the Legislature. Your Committee feels that it was successful in carrying out these duties during the past year.

It was decided by the Committee last Fall, at a joint meeting with the Delaware State Board of Medical Examiners, that such a program could not be carried out successfully without the aid of a professional assistant who could be present at all times during the session of the legislative body and work for their interests. Therefore, such a representative was chosen and in our opinion was well worth the stipend paid him.

The State Society was interested in presenting only one bill to the last General Assembly. This bill was known as Senate Bill No. 38, entitled "An Act to Protect the Health and Safety of the Civilian Population during the Emergency Period." This bill gave the Medical Council the power to issue temporary licenses to qualified physicians from another State who could, where necessary, replace physicians who had gone into the armed services, and also to supply physicians for several important industrial plants located in Delaware.

This bill also reduced the required twelve months of internship to nine months in order to hasten the supply of young physicians for the Army and Navy. The bill was approved by the Governor on March 4, 1943.

On the other hand, several objectionable bills, one of which would have jeopardized our Medical Practice Act, were defeated through our efforts.

Respectfully submitted,

JOSEPH S. MCDANIEL, *Chairman*

7—Report of the Committee on Publication

As heretofore, we transmit the report of the Committee in two parts: (1) that of the Editor, and (2) that of the Business Manager.

Report of the Editor

We are now nearing the end of Volume 15 of the New Series. The amount of material published about equals that of previous years, and its quality equals that of other volumes. As judged

by the requests for reprints or whole issues or exchanges, our JOURNAL is being read more widely than might be surmised from its mere size.

For the past several years the amount of material derived from our Annual Sessions has been considerably less than that required to maintain THE JOURNAL. Contributions from our members, from county society meetings, and from without the state have sufficed, in the main, to bring our issues up to our average contract number of pages. However, we have been obliged, in too many instances, to print miscellaneous material that has much less value to us than the scientific material. Hence, once again, we ask our members to write more scientific papers for THE JOURNAL, a task that will well repay one for the time and energy consumed in the preparation. More especially, we would like to have short papers reporting interesting or unusual cases, which do not require an exhaustive review of the literature.

Once again, we take this occasion to thank our printers, The Star Publishing Company, for their continued efforts and courtesies; the familiarity their personnel now has with this work relieves the Editor of many petty details and annoyances.

To our members we extend our thanks for their continued cooperation during this, the twenty-eighth year of our service.

Respectfully submitted,

W. EDWIN BIRD, *Editor*

Report of Managing Editor

(August 1, 1942 to August 1, 1943)

A-Checking Account

Checking Account, Wilm. Trust Co., Aug. 1, 1942	\$ 268.67
Transferred from the Savings Account	300.00
	\$ 568.67

RECEIPTS

Advertisements	\$3,093.73
Bonus on ads from A. M. A.	328.95
Subscriptions:	
Med. Soc. Members, Present Year	176.00
Others	15.00
Interest on Bonds	47.10

Total Receipts \$3,660.78

DISBURSEMENTS

Printing and mailing Journal	\$2,556.30
Postage	6.15
Salary of Editor	1,200.00
Salary of Stenographer	180.00
Copyrighting Journals	24.00
Stationary	57.50
Engraving	13.25

Total Disbursements \$4,037.20

Deficit 376.42

Balance \$192.25

B-Savings Account

Savings Account, Wilm. Trust Co., Aug. 1, 1942 \$5,789.68

RECEIPTS

	1943
Interest on Savings Account	\$ 26.97
Total Receipts	\$ 26.97

DISBURSEMENTS

Transferred to Checking Account	300.00
Purchase of War Bonds	3,502.38
Total Disbursements	\$3,802.38

Balance \$2,014.27

Grand Total (Accounts A & B) \$2,206.52

SUMMARY

Savings Account Balance	\$2,014.27
Checking Account	192.25

Total Balance, Aug. 1, 1943 \$2,206.52

Respectfully submitted,

M. A. TARUMIANZ, *Managing Editor*

8—Report of the Committee on Medical Economics

Nothing of importance has been brought before your Committee on Medical Economics during this past year. We, therefore, have nothing to report.

Respectfully submitted,

E. R. MAYERBERG, *Chairman*

9—Report of the Committee on Necrology

Since the last meeting of our Society death has terminated the lives of the following active members: Lewis Booker, New Castle, September 28, 1942; Charles G. Harmonson, Smyrna, February 4, 1943; L. Augustus H. Bishop, Dover, March 13, 1943; Taleasin H. Davies, Wilmington, March 25, 1943; Kendall J. Hocker, Millville, April 24, 1943; Aristides J. Mavromatis, Newark, May 3, 1943.

Suitable obituary notices have been published in THE JOURNAL.

Respectfully submitted,

I. LEWIS CHIPMAN, *Chairman*

10—Report of the Advisory Committee Women's Auxiliary

The Committee had no official duties to fulfill during the past year and, therefore, has no report.

Respectfully submitted,

CHARLES E. WAGNER, *Chairman*

11—Report of the Committee on Cancer

The State Board of Health lists the deaths from cancer in 1942 as 330 resident and 19 non-resident, a total of 349. This compares with a total of 321 for 1941, an increase of 9%.

Last year a decrease in attendance at the down-state cancer clinics was reported. This decrease has not been progressive. The attendance is reported as stabilized at a somewhat lower level than in 1940. The cancer clinic in Wilmington reports attendance at pre-gasoline-rationing level, following a temporary decrease. Members of the Women's Field Army have assisted the cancer clinics in their follow-up contacts with patients.

On the whole, the state has not suffered the depletion of personnel skilled in cancer diagnosis and treatment which has been reported from certain sections of the country.

The work of the State Committee of the American Society for the Control of Cancer and its associated Women's Field Army continues under adequate medical supervision. All but two of your committee members are also members of the Executive Committee of the State American Society Committee. In all, that Committee lists 20 physicians and dentists among a total of thirty-three members.

An inquiry was received from one of your Committee Members concerning the advisability of establishing a cancer clinic at the State Welfare Home in Smyrna. Your Committee felt that this inquiry should be directed to the Kent County Medical Society.

Respectfully submitted,

FREDERICK A. HEMSATH, *Chairman*

12—Report of the Committee on Syphilis

For the report which follows credit must be given to the State Board of Health, and in particular to Dr. A. L. Chapman, Acting Director of the Division of Communicable Disease Control.

The expansion of military and industrial establishments in Delaware, which has occurred during the past year, is destined to continue until the present conflict has been successfully concluded. This expansion has accentuated the ever-important subject of venereal disease control.

Approximately 8% of all draftees examined in Delaware up until the present time have had positive serological tests. Most of these young men with syphilis have been sent to their family physician or to State Board of Health clinics for treatment. Eventually about 10% of them will be made available to the armed forces.

During the fiscal year 1942-43, 40952 injections of heavy metals were given in State Board of Health clinics. The average monthly patient load for these clinics was 1436. In the State Board of Health laboratory 19711 Wassermann tests and 48172 Kahn tests were done. This is an average of one test for each 5 residents of Delaware. 1527 smears were examined for gonorrhea.

Because few physicians report syphilis and gonorrhea little authentic information has been available in the past concerning the prevalence of the venereal diseases in the general population. The draft board figures have furnished the first valuable clue.

The subject of venereal disease control can not be brought up without some mention being made of juvenile delinquency. The emphasis which war places upon youth, the absence of many "industrial" mothers from their homes, and the separation of many young men and women from a stabilizing home environment, are factors which have favored juvenile delinquency and moral laxity. It may be that in the near future additional legislation will be needed to suppress prostitution and to control promiscuity. During this war the promiscuous young girl, not the professional prostitute, has been the most important purveyor of the venereal diseases.

Over 25% of the physicians practicing medicine in Delaware are now serving their country in the army or navy. More are scheduled to leave us. Those of us who remain will in the months to come be under a greater strain than ever before. There will be an understandable tendency to underestimate the importance of venereal disease control. This tendency must be combated for two definite reasons: (1) syphilis and gonorrhea cause a tremendous loss in man hours and in woman hours not only to the army, navy, and air force but to defense industries and the home front as well, (2) the scars, physical and mental, caused by syphilis and gonorrhea contracted today will remain long after this war is over to plague this generation and the generation yet unborn.

If the venereal diseases are to be kept within reasonably safe bounds time must be found to report cases of venereal disease. Time must be found to elicit the names and addresses of contacts of infectious venereal disease cases. These contacts can be investigated efficiently and diplomatically by our public health nurses. Time must be found to report infectious patients who are de-

linquent in treatment, so that they may be returned to treatment.

The medical profession has successfully met the challenge of many infectious diseases. Yellow fever, plague, cholera and leprosy are practically extinct. Tuberculosis is losing ground rapidly. Typhoid fever, dysentery, diphtheria, and smallpox are rapidly yielding to immunization procedures and improved sanitation.

There is no reason why in the years to come the venereal diseases can not in similar manner be eliminated from the civilized world. There is no better time to start than today.

Respectfully submitted,

J. ROSCOE ELLIOTT, *Chairman*

13—Report of the Committee on Tuberculosis

Your Committee wishes to submit the following report for the past fiscal year from July 1, 1942 to July 1, 1943:

There were 80 white and 54 colored deaths, or a total of 134. During this period there were also 4 non-resident deaths, 2 white and 2 colored. This is a decrease of approximately 11.2% over the previous year. Of these deaths 51 occurred in Wilmington: white 31—rate 31.3; colored 20—rate 136.3. 22 in rural New Castle county: white 14—rate 23.7; colored 8—rate 125. 19 in Kent county; white 13—rate 45.7; colored 6, rate 92.1. 42 in Sussex county: white 22—rate 49.2; colored 20, rate—217. The report of the morbidity figures for the same period were 109 from the city of Wilmington; 31 from rural New Castle county; 10 from Kent county; and 41 from Sussex county; a total of 191 for the state.

The average daily population of Brandywine Sanatorium was 120.2. There were 108 admissions and 126 discharges, 22 of which were deaths. The average daily population of Edgewood Sanatorium was 51.2. There were 83 admissions and 38 discharged; 34 of which were deaths.

Sunnybrook Cottage (preventorium conducted by the Delaware Anti-Tuberculosis Society) has 22 beds for the care of pre-tuberculosis children, and they report 25 children were under their care during the year. The patient days for the year were 7,242, an average daily census of 20.

Through the State Board of Health chest clinics there were a total of 475 visits by tuberculous cases; 120 of these were new cases, and of this total 67 were diagnosed as having active tuberculosis, and 53 were diagnosed as having an inactive lesion.

The tuberculin testing of all contacts under 14 years of age continues to be done in these clinics.

The report of the Visiting Nurses' Association of Wilmington shows 25 cases of tuberculosis admitted to their service during the year, and 6 cases were carried over from the previous year. Their total visits during the year on these cases numbered 374. The State Board of Health nurses during this fiscal year made around 4,000 follow-up home visits.

The Delaware Anti-tuberculosis Society continues to cooperate with the State Board of Health in tuberculin testing, xraying, and fluoroscopic. The Society now maintains three fluoroscopes, one at the Dover Health Center, one at the Georgetown Health Center, and one at the University of Delaware. The Society sponsored the high school xray survey in the Wilmington public and parochial schools, and at the State College (colored) in Dover, the films being read

at the Brandywine Sanatorium and a recheck taken on 14x17 films of the suspicious cases. A complete report of the findings of this survey appeared in the August issue of THE JOURNAL.

Other activities of the Delaware Anti-tuberculosis Society were: 12 health exhibits conducted; sponsoring of the fluoroscopic of 1440 students, teachers and employees at the University of Delaware; establishing a rehabilitation service for present and former patients; securing employment for 14 former cases; distributing 75,000 pieces of informative literature; 4,141 students in elementary grades enrolled in health program; holding of 103 meetings, conferences and health talks; and presentation of 9 radio programs.

Respectfully submitted,

LAWRENCE D. PHILLIPS, *Chairman*

14—Report of the Committee on Maternal and Infant Mortality

Your Committee has not met during the past year, but from the statistical data received from the State Board of Health we report that in 1942 the previous low maternal mortality of 2.1 per 1,000 live births was reduced to 1.7. Considering the great reduction in the number of physicians, this is gratifying. With a total of 5,218 live births, nine mothers were lost. The following causes are listed:

Acute yellow atrophy of the liver during pregnancy	1
Premature separation of the placenta with childbirth	1
Unspecified hemorrhage of childbirth	1
Other unspecified conditions of childbirth	2
General or local puerperal infection	1
Puerperal embolism and sudden death	1
Puerperal albuminuria and nephritis	1
Other puerperal toxemias	1

Five of the above deaths occurred in New Castle county, and four in Sussex county. Without details of the circumstances surrounding these deaths it is not possible to state whether or not any of the nine deaths may have resulted from lack of medical or nursing care. With the shortage in physicians there has been an increase in the percentage of hospital deliveries, and this may account for the new low maternal mortality rate.

The infant mortality rate of 47.3 per 1,000 live births is the third lowest since 1916, being a little higher than the all-time low of 43 obtained in 1941. The stillbirth rate of 30.8 compares well with that of 31 per 1,000 live births in 1941, although it does not approach the low rate of 25 reported in 1940.

Respectfully submitted,

CARL H. DAVIS, *Chairman*

15—Report of the Committee on Mental Health

The Committee feels, since nothing has been done in regard to the recommendations presented at the last Annual Session of the Society, that it is useless to present further problems to be solved until the present ones have been adequately cared for. Therefore the Committee reiterates the recommendations presented at the last Session.

Respectfully submitted,

PERSIS F. ELFELD, *Chairman*

16—Report of the Committee on Criminologic Institutes

Your Committee is of the opinion that the previous reports and recommendations of the Committee have been completely ignored. Thus the Society discourages the Committee's becoming serious in regard to its responsibility toward major problems with which the community is confronted.

The Committee suggests that the Society appoints a special committee to follow up all the resolutions passed by the Society at its Annual Session.

The Committee, in addition to the resolutions presented at the last Annual Session, wishes to impress upon the Society that the Society should seriously consider the appointment of a special committee to deal with post-war problems in conjunction with other state and city post-war organizations.

Respectfully submitted,

M. A. TARUMIANZ, *Chairman*

17—Report of the Committee on Medical Education

Your Committee reports that during the past year no sustained program for post-graduate medical education was carried on, due to the war. The proceedings of the county and state societies have centered chiefly on war medicine, and have been very educational in this respect.

Your Committee also assisted in the passage of a legislative act permitting our Medical Council to grant temporary emergency licenses to physicians coming into the state to meet certain emergency conditions. This Act expires March 4, 1945. If the war continues, it may be necessary to re-enact the bill for another two-year period.

Respectfully submitted,

E. R. MAYERBERG, *Chairman*

18—Report of the Committee on Revision of the By-Laws

Your Committee has spent a very considerable amount of time on this important task, and has offered (published in THE JOURNAL, July, 1943, page 126) a proposed set of new By-Laws which, in their opinion, brings our organization up to date and in line with that of other progressive states. However, since nearly a third of our members are away in the services, and since certain legal questions remain to be solved, and since certain criticisms, mostly constructive, have been brought to our attention, it is our considered opinion that these new By-Laws should receive at this Session only their first and second readings, by title, and that their third reading and adoption should be deferred for the duration, or at least till next year.

Respectfully submitted,

W. EDWIN BIRD, *Chairman*

19—Report of the Delegate to the American Medical Association

Your regular delegate, Dr. L. L. Fitchett, and his alternate, Dr. C. J. Prickett, were unable to attend the meeting of the House of Delegates this year, and arrangements were completed for me to represent our Society.

The House of Delegates convened in the Palmer House, Chicago, on June 7th, at 10 A. M. A total

of 170 delegates were seated and all constituent state associations, and all sections were fully represented. The only delegates not in attendance were those representing Alaska, the Isthmian Canal Zone, the Philippine Islands, and Puerto Rico.

Dr. Elliott P. Joslin, of Boston, was elected by the House of Delegates to receive the Distinguished Service Award of the American Medical Association.

Brigadier-General Fred W. Rankin of Lexington, Kentucky, the President, spoke of the role of the profession during mobilization. He spoke at some length of "mighty influences, * * * long forming * * * at work to effect epochal changes in the complexion of medical practice." He considered it quite apparent that the old system of medical practice will be considerably modified. He questioned whether "we have become languid and inelastic in our attitude and hesitant and fearful in our response to existing socio-economic developments." He said, "all efforts must be harmoniously combined and closely coordinated toward the elaboration of an intelligent program which will permit a democratic as well as a comprehensive medical service, with equally high professional and ethical standards." He spoke also of the importance of planning now for the post-war rehabilitation of physicians.

President-elect James E. Paullin, of Atlanta, Georgia, spoke in detail of the organization's influences during mobilization in planning war-time medical education and post-graduate study. He praised the efforts of the Board of Trustees on the planning of post-war medical services.

Among the distinguished guests addressing the House were Surgeon-General Norman T. Kirk, U. S. Army; George S. Morris, President of the American Bar Association; and Brigadier-General David N. W. Grant, Flight Surgeon, U. S. Army. The latter reported that there were 9,300 flight surgeons in the Army as compared to 97 eighteen months previous.

The signal activity of the Session concerned the introduction of seven separate sets of resolutions, looking toward the establishment of a Committee on Medical Service, several of them specifying the establishment of a Legislative Bureau of the Association in Washington, D. C. These resolutions resulted in the adoption of amendments to the By-Laws creating a Council on Medical Service and Public Relations, with duties as follows: "(a) To make available facts, data, and medical opinions with respect to timely and adequate rendition of medical care to the American people; (b) to inform the constituent associations and component societies of proposed changes affecting medical care in the nation; (c) to inform constituent associations and component societies regarding the activities of the Council; (d) to investigate matters pertaining to the economic, social, and similar aspects of medical care for all the people; (e) to study and suggest means for the distribution of medical services to the public consistent with the principles adopted by the House of Delegates, and (f) to develop and assist committees on medical service and public relations originating within the constituent associations and component societies of the American Medical Association."

The Board of Trustees submitted lengthy and comprehensive supplementary reports dealing with hospital corporations engaging in the practice of medicine, and the proceedings of the Joint Committee Meeting of the National Hospital Associations and representatives of the Board of

Trustees of the American Medical Association. An idea of the importance of this subject may be obtained from the remark of a delegate that the profession is in more danger of socialization through infiltrative practices of hospitals than through national legislation. In commenting on and recommending the adoption of these reports the Reference Committee said in part: "the factual data contained therein concern the whole future of the practice of medicine. Unless the medical profession as a whole is willing to devote at least the same amount of time and effort in studying the report and correcting the dangers pointed out therein as the Board of Trustees has in compiling it, then we might as well 'throw in the sponge' now and consent to the lay domination of medicine. That the Blue Cross plans to give medical service with or without the approval of the medical profession there can be no doubt after reading this report. * * * National approval or disapproval of any practice is a waste of time unless the state and county organizations will see that the dicta of the national body are carried out in the small localities."

Among the Reference Committee's recommendations should be mentioned, " * * * that hospitals should not be permitted to practice medicine. That the practice of radiology, pathology, and anesthesiology is the practice of medicine just as much as is the practice of surgery or internal medicine, and that it is just a short step from including the first three in a medical service plan to including the whole field of medicine in such a plan.

"That the public should be educated to realize that the hospital-created monopoly control of radiologic or any service as a source of profit beyond the normal provision for replacement, department development and proper proportion of over-all costs of operation of the hospital should not be permitted. * * *"

Significant of changing trends of thought was the action of the House of Delegates with respect to a constitutional amendment which had been proposed at the previous annual session and which would have taken voting rights from the 16 delegates of the respective Scientific Sections, making them mere liaison officers. The Reference Committee on Amendments to the Constitution and By-Laws recommended that the proposed amendment to the constitution be not adopted, saying, in part, "the adoption of this proposed amendment would be very unwise and essentially destructive, inasmuch as it would tend to change the character of the House of Delegates from a scientific body to a political and economic body. The American Medical Association is, and ought to be, a true composite of the entire medical profession of the United States." The proposed amendment to the constitution was not adopted.

Officers elected for the ensuing year were as follows: President-elect, Dr. Herman L. Kretschmer, Chicago; Vice-president, Dr. John W. Ames, Denver; Secretary, Dr. Olin West, Chicago; Treasurer, Dr. Josiah J. Moore, Chicago; Speaker of the House of Delegates, Dr. H. H. Shoulders, Nashville, Tenn.; Vice-Speaker of the House of Delegates, Dr. R. W. Fouts, Omaha.

San Francisco was chosen as the city in which to hold the 1946 annual session of the American Medical Association.

Final adjournment was declared on June 9th, at 12:05 P. M.

In conclusion, I wish to say that I am deeply

appreciative of the honor of representing our State Society at this Annual Session.

Respectfully submitted,
FREDERICK A. HEMSATH, *Delegate*

20—Report of the Representative to the Delaware Academy of Medicine

During the past year 43, or one-third of the membership of the Academy, entered the armed forces. To make up this deficit in income, the members remaining on the "home front" were asked to subscribe to the membership of one or more of their colleagues on the military front. This campaign resulted in about half of the absent members' dues being taken care of for 1943 by the men remaining at home.

During the year two scientific meetings were held, the first on April 28th, when Dr. William H. Gordon, U. S. Public Health Service, gave a very timely lecture on "Meningitis"; the second was held on May 21st, with Dr. J. A. Bargen, Mayo Clinic, addressing the Academy on "Ulcerative Colitis."

At the annual meeting in February it was suggested that we inaugurate a series of Public Forums to which the public would be invited, and at which time questions could be submitted to a panel of doctors who would in turn answer and discuss the question. Two forums were held, the first on May 19th and the second on June 9th. These forums were very well attended and the public showed great interest in them.

No new volumes have been added to the Academy during the past year. The Library is now open on a part time basis, from ten to one o'clock each day, but at other times the telephone is covered by the Physicians' Exchange.

Respectfully submitted,

W. OSCAR LAMOTTE, *Representative*

21—Report of the Nominating Committee Officers

First Vice President—W. Edwin Bird, Wilmington.

Second Vice President—William C. Deakyne, Smyrna.

Secretary—W. Oscar LaMotte, Wilmington.

Treasurer—Douglas T. Davidson, Sr., Claymont.

Councilor—Joseph B. Waples.

Standing Committees

Scientific Work—W. Oscar LaMotte, Wilmington; Henry V.P. Wilson, Dover; Erwin L. Stambaugh, Lewes.

Public Policy and Legislation—Joseph S. McDaniel, Dover; Emil R. Mayerberg, Wilmington; James Beebe, Lewes.

Publication—W. Edwin Bird, Wilmington; M. A. Tarumianz, Farnhurst; W. Oscar LaMotte, Wilmington.

Medical Education—M. A. Tarumianz, Farnhurst; Cecil J. Pickett, Smyrna; Oliver B. James, Milford.

Necrology—Dorsey W. Lewis, Middletown; Isaac J. MacCollum, Wyoming; Ulysses W. Hocker, Lewes.

Delegates

A. M. A. Delegate—James Beebe, Lewes.

A. M. A. Alternate—Clyde C. Neese, Wilmington.

Del. Acad. of Med.—W. Oscar LaMotte, Wilmington.

State Board of Medical Examiners

J. S. McDaniel, Dover; Wm. Marshall, Milford; W. E. Bird, Wilmington; W. T. Chipman, Harrington; P. R. Smith, Wilmington; J. R. Elliott, Laurel; N. W. Washburn, Milford; L. J. Jones, Wilmington; C. J. Prickett, Smyrna; C. H. Davis, Wilmington.

INTER-AMERICAN COOPERATION IN HEALTH WORK

(Continued from Page 170)

battle against disease and hunger is essentially the apparatus of peace. Hospitals and training schools, doctors and nurses these represent progress toward the human goals of peaceful, happy peoples. Through mutual aid, the Americas are learning how to multiply hospitals, and training schools, doctors and nurses. Inter-American cooperation in this work is one of the best assurances that we will realize the better world for which we fight.

MISCELLANEOUS

Hospitals in the Practice of Medicine

For some time the entry of hospitals into the practice of medicine by the routes of radiology, pathology, and anesthesiology has been engaging the attention of physicians, who almost unanimously oppose it.

The House of Delegates of the A.M.A. in its 1943 session approved the following resolution with the reference committee (Dr. Louis H. Bauer, chairman) commenting:

"It is high time that the subject be taken seriously, not just for the duration of the meeting of the House but for the other 360 days of the year.

"Your Reference Committee, therefore, recommends:

"A. That the House emphatically reiterate that it disapproves the injecting of a third party into the personal relationship of the patient and the physician, and that hospitals should not be permitted to practice medicine.

"B. That the practice of radiology, pathology and anesthesiology is the practice of medicine just as much as is the practice of surgery or internal medicine, and that it is only a short step from including the first three in a medical service plan to including the whole field of medicine in such a plan.

"C. That the public should be educated to realize that the hospital-created monopoly-control of radiological or any service as a source of profit beyond the normal provision for replacement, department development, and proper proportion of overall costs of operation of the hospital should not be permitted. Nor can the hospital rightfully use per diem charges against all of the hospital patients to support a radiological or other department devoted to creating bargains in

radiological or other services in order to make hospital group insurance more attractive. To permit either will result in decrease of the quality of service and increased cost to the patient.

"D. The medical profession must watch with care all proposed plans for medical service and endeavor to prevent the acceptance of any plan which includes medical service under the control of the hospital.

"E. The effectiveness of this program can be attained only if state and county medical societies use their influence on hospitals in their respective localities, and exercise control over the local members of the medical profession.

"F. The public must be educated on what it will mean to them in the way of inferior medical care if these dangerous trends are not curbed.

"G. In the relationships of the medical staff and the board of directors of a hospital there should be no intermediary. The staff should have direct access to the board.

"H. The board of trustees should continue their conferences with national hospital associations and should also endeavor to enlist the support of special medical organizations in education both of the profession and of the public."

The House also adopted the following recommendation:

"Your reference committee recommends that the House of Delegates of the American Medical Association urge the American Hospital Association to withhold approval of the uniform comprehensive Blue Cross contract proposed by the Hospital Service Plan Commission of the American Hospital Association, which includes certain medical services as a part of hospital care and which, if adopted as recommended by the said commission, would virtually compel the addition of medical services to the benefit of those Blue Cross plans and not accede to the demands of the American Medical Association by confining their benefits to hospital service."

It is indeed high time that these matters were taken seriously by the profession and by the public, for consideration of the greatest moment are involved. The hospital has come to be the focus of the public practice as well as of some portion of the private practice of medicine. It is the point at which the *industrialization* of medicine, if we may be allowed the use of that term, has, in part, taken place. It is the point at which the practice of medicine in many of its branches has become, for economic reasons, fixed, tied inevitably to a capital structure sometimes of enormous proportions, a corporate business. It is the point at which hospital service plans and medical service plans converge. Physicians are related to it sometimes as free and independent users of its facilities, sometimes as paid employees of the hospital corporation so that many facets of contractual relations are involved.

Says the A.M.A., editorially, of the significance of radiologic practice in the new forms of hospitalization insurance and routine hospital service:

"Doubtless few of those who obtain the services of radiology in hospitals realize that in many institutions the radiologist is working for a small salary and the hospital is deriving a considerable profit from his professional practice. In other institutions what amounts to virtual fee splitting between the hospital and the radiologist is routine technic.

"Certainly it is not to the interest of the patient, who must be given first consideration, that the necessity for radiologic study of his case should be made the occasion for providing excess income for the hospital. If the trend is to be controlled, every new arrangement between a hospital and radiologist and every new plan for a prepaid medical service should be carefully scanned by the county medical society in the area concerned to determine whether or not it violates the fundamental tenets that have been so often iterated and reiterated by the House of Delegates of the American Medical Association.

"The danger to the sick does not lie in the collection of income for the hospital or the radiologist; it is in the inevitable determination that must come in any form of medical service when its practitioners are placed on a basis in which the quality of the service rendered is secondary to the price charged or the method by which the service is supplied."

What is true of radiology is equally true of anesthesiology and pathology. Condemnation by the profession of the practice of selling medical service by hospitals has not by any means stopped the practice. It has been alleged that the "Blue Cross" plans to give medical service with or without the approval of the medical profession. The Associated Hospital Service of New York City is said to state plainly "the intention and the conditions under which services will be rendered."¹

These are matters of grave import. They cannot be settled by wishful thinking. Cost of medical and hospital service to the public is involved, as well as the quality of medical service. Whatever is for the best interest of the patient should govern and will probably do so in the long run if the counsel of the profession is heeded. It has not always prevailed in the past. In the present there seems to be a tendency to brush it aside as outmoded. Perhaps reasonable counsel will prevail eventually.

Edit., *N. Y. St. J. M.*, Sept. 15, 1943.

Hitler and Mathematics

In 1926 the International Education Board, founded by Mr. John D. Rockefeller, Jr., made an appropriation of \$275,000 to the University of Gottingen in Germany to build and equip a Mathematical Institute. For many decades Gottingen had been an important mathematical center, but the first World War left it impoverished. The new funds in 1926 enabled it not only to add to its physical facilities for mathematical research but to strengthen its already brilliant faculty. In a few years Gottingen became the world's chief center for advanced study in mathematics and physics, and its students arrived in increasing numbers from many countries.

Then the Nazi regime took over Germany, and its effect on Gottingen was drastic and immediate. The Jews on the faculty were thrown out, and their colleagues of Aryan stock, shocked by this intolerance and unable to live in the stifling intellectual atmosphere, resigned. By 1939 only one of the original faculty remained active at the Institute. Most of the others came to the United States.

In view of what has happened in the last few years it seems ironical that this German institution was brought to maturity by American funds. An even deeper irony lies in the fact that the blind fanaticism of the Nazis succeeded in driving to America some of the world's leading mathematicians. There appears to be a universal principle about intolerance: it reacts on those who practice it. Just as many countries were enriched by the Huguenot immigration that followed the revocation of the Edict of Nantes, so the United States and England have greatly profited by the scholarship driven out of central Europe through the self-defeating bigotry of Nazi ideology.

If Hitler had set out, with benevolent intent, to build up America as the world's great mathematical center, he could hardly have achieved more successfully the result which his ruthlessness has accomplished. During the last decade 131 leading European mathematicians have migrated to the

United States. Of these, 16 came from the faculty of Gottingen. The School of Advanced Study at Princeton, Brown University, New York University, Harvard, Chicago, the University of Wisconsin, the Massachusetts Institute of Technology are only a few of the American institutions which have profited by this migration.—*The Rockefeller Foundation Review* for 1942.

Look to your health; and if you have it, praise God and value it next to a good conscience; for health is the second blessing that we mortals are capable of; a blessing that money cannot buy.—Izaak Walton.

OBITUARY

HOMER FOREST WONDERS, M. D.

Dr. Wonders, prominent eye surgeon, of Merion, Pa., died suddenly while on vacation, in the Presbyterian Hospital, New York, on August 27, 1943, of a cerebral hemorrhage, aged 66 years. From 1914 to 1942 Dr. Wonders practiced ophthalmology in Wilmington, maintaining offices in the duPont Building. From 1914 to 1918 Dr. Wonders maintained his residence in this city at 701 W. 23rd Street, following which he removed to Philadelphia, with offices in the Medical Arts Building, and a residence at Merion.

Dr. Wonders was born in Uniontown, Pa., in 1877, and graduated in medicine at the Medico-Chirurgical College of Philadelphia in 1907. Following an internship in Philadelphia, he began his practice in eye, ear, nose and throat diseases in Uniontown, Pa., in 1909, and located in Wilmington in 1914, where he soon built up a very large and lucrative practice. In 1918 he succeeded to the practice of the late Dr. Wendell Reber, of Philadelphia, thus making his office in Wilmington his secondary office.

Dr. Wonders was an oculist of great diagnostic ability and of exceptional surgical skill. After the removal of his offices to Philadelphia a large majority of his Delaware patients followed him there.

Dr. Wonders was a member of the Philadelphia County Medical Society, the Medical

Society of the State of Pennsylvania, the American Medical Association, and the International College of Surgeons. He also was a member of the Union League of Philadelphia, the Merion Club, and the Overbrook Presbyterian Church. Further, he was a member of Eureka Lodge, No. 23, A. F. and A. M., in Wilmington, of the Delaware Consistory, and of LuLu Temple, A. A. O. N. M. S., Philadelphia.

Dr. Wonders is survived by his widow, Mrs. Irma LaRoche Wonders.

Funeral services were held at his late home, 723 South Latches Lane, Merion, on August 31st, in charge of the pastor of the Overbrook Presbyterian Church. The interment was private.

BOOK REVIEWS

Collected Papers of the Mayo Clinic: Volume 34, 1942. Edited by Richard M. Hewitt, M. D., et al. Pp. 999, with 175 illustrations. Cloth. Price, \$11.00. Philadelphia: W. B. Saunders Company, 1943.

This latest Mayo Volume contains 513 articles, of which 77 are in full, 106 in abstract or abridgement, and 330 by title only. The subject matter covers almost the whole range of modern medicine and surgery and is aimed especially at the general practitioner, the diagnostician, and the general surgeon. Of timely and general interest is the section on "Recent Advances in Chemotherapy," which contains 158 pages of excellent material. Of great value also is Alvarez' paper on "Constitutional Inadequacy," not only for its medical common sense but for its common sense economics.

This volume easily maintains the expected standards of the Clinic whence it comes; its success should equal that of its predecessors.

Gastro-Enterology (in three volumes). By Henry L. Bockus, M. D., Professor of Gastroenterology, University of Pennsylvania Graduate School of Medicine. Vol. 1—The Esophagus and Stomach. Pp. 831, with 134 illustrations. Cloth. Price, \$35.00 the set. Philadelphia: W. B. Saunders Company, 1943.

The author states his purpose to be to record systematically the general knowledge in this specialty. Even a cursory examination of this book shows that he has accomplished

his purpose, and a detailed examination shows that he has done it excellently. Of special excellence are the chapters devoted to peptic ulcer, where his large experience and sane judgment are outstanding. His critical evaluation of the statistics of others and his honesty and modesty in the evaluation of his own statistics merit the widest emulation.

This volume, the first of three, is uniformly good. While not claiming to be exhaustive, it is almost that; it is intensely practical, and it is definitely authoritative. A book to be heartily recommended, we await its two sisters with great expectations.

Geriatric Medicine: Diagnosis and Management of Disease in the Aging and in the Aged. Edited by Edward J. Steiglitz, M. D., Consultant in Gerontology, National Institute of Health. Pp. 887, with 187 illustrations. Cloth. Price, \$10.00. Philadelphia: W. B. Saunders Company, 1943.

It has been well stated by the editor that the care of the aging and the aged must include all fields of medical practice applied to those individuals past the prime of life. Of all the problems discussed those concerning nutrition and cardiovascular renal disease are of outstanding importance, and the chapters thereon are of outstanding merit.

Longevity on the one hand and disease on the other are in no small part determined by heredity, but there is much that can be done for those individuals who have passed the prime of life to make their declining years more pleasant and comfortable. This treatise outlines, in an excellent manner, what can be done and how.

It has only been within recent years that the field of geriatrics has developed to the point where a separate treatise was justified. Now there are several texts on this subject, but in the opinion of this reviewer Stieglitz' book, written by a number of outstanding authorities, is the masterpiece.

Release From Nervous Tension. By David H. Fink, M. D. Pp. 232. Cloth. Price, \$2.00. New York: Simon and Schuster, 1943.

The author, a psychiatrist, has written this book for the layman. It is practical and informative, and aims at the relaxation of the tense patient. We found the book quite interesting and believe it may be helpful to many sufferers.

